

S. No. 2  
1-4-43  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18038  
Registrar's No. 342

FILED DEC 17 1943

Registration District No. 209

Primary Registration District No. 3043

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Hannibal  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 1032 Vermont St  
years, months or days

3. (a) PRINT FULL NAME Alice H Peak

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Geo. Peak 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 8 15 1861  
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Pike Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Reynolds

{ 13. Birthplace Mo  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Reynolds

{ 15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Jessie Thurston

(b) Address 1032 Vermont St

17. (a) \_\_\_\_\_ (b) Date thereof 11 11 43  
(Burial, cremation, or disposition) (Month) (Day) (Year)

(c) Place of burial or cremation Big Creek Cem near Reynolds Mo

18. (a) Signature of funeral director Geo E Roberts

(b) Address Hannibal Mo

19. (a) 11-10-43 (b) R H Connor  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Marion <sup>64</sup>

(c) City or town Hannibal  
(If outside city or town limits, write "RURAL") <sup>3</sup>

(d) Street No. 1032 Vermont St  
(If rural, give location) <sup>4</sup>

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_ <sup>0</sup>

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 7 year 43 hour 8 minute 30 a.m. <sup>M.</sup>

21. I hereby certify that I attended the deceased from Nov 1 - 1943 to Nov 7 1943

that I last saw her alive on Nov 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Arterial Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations 92a

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)

23. Signature H O M [unclear] (M. D. or other) <sup>MD</sup>

Address Hannibal Mo Date signed 11/9/43

1146 (Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Geo E Roberts

Licensed Embalmer No. 2113

P. O. Address Hassanah

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**